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PTO/SB/01 (04-05)

Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

Declaration Submitted With Initial Filing

OR

Declaration Submitted after Initial Filing (surcharge (37 CFR 1.10 (e)) required)

Attorney Docket Number	
First Named Inventor	THOMPSON, Michael P.
COMPLETE IF KNOWN	
Application Number	
Filing Date	
Art Unit	
Examiner Name	

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Method of and Software for Monitoring Digital Information

the specification of which

(Title of the Invention)

is attached hereto

OR

was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached YES	Certified Copy Attached NO
PCT/AU2004/000012	AU	01/07/2004	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2003990070	AU	01/07/2003	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to be furnished to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.
If you need assistance completing the form, call 1-800-PTO-9199 and select option 2.

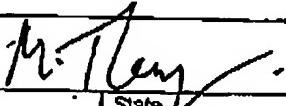
PTO/SB/01 (04-05)

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to:		<input checked="" type="checkbox"/> The address associated with Customer Number:	01208	OR <input type="checkbox"/> Correspondence address below
Name _____				
Address _____				
City _____		State _____	ZIP _____	
Country _____		Telephone _____	Email _____	
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>				
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) Michael Phillip		Family Name or Surname THOMPSON		
Inventor's Signature 				Date 21/4/06
Residence: City Glen Iris	State Victoria	Country AU	Citizenship AU	
Mailing Address 56 Great Valley Road				
City Glen Iris	State Victoria	Zip 3146	Country AU	
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) Danny Jonathan		Family Name or Surname LESSER		
Inventor's Signature 				Date 21/4/06
Residence: City Ormond	State Victoria	Country AU	Citizenship AU	
Mailing Address 9 Goo Street				
City Ormond	State Victoria	Zip 3204	Country AU	
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.				

[Page 2 of 2]

PTO/SB/02A (09-04)

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DECLARATION**ADDITIONAL INVENTOR(S)
Supplemental Sheet**

Page 1 of 1

Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any))	Family Name or Surname		
Saul Pascal	NIDLER		
Inventor's Signature	Date 21/4/06		
Cornegie Residence: City 50 Hoddle Grove	BRIGHTON EAST Victoria State	AU Country	AU Citizenship
20 LANSDOWN STREET			
Mailing Address			
Cornegie City	BRIGHTON EAST Victoria State	3187 Zip	AU Country
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any))	Family Name or Surname		
Lillian	PEARCE		
Inventor's Signature	Date		
Cornenwick Residence: City 50 Hoddle Stree	Victoria State	AU Country	AU Citizenship
Mailing Address			
Cornenwick City	Victoria State	3185 Zip	AU Country
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any))	Family Name or Surname		
Barham David	RABINDY		
Inventor's Signature	Date		
Balgrove Residence: City Unit 5/1 Milburn Grove	Victoria State	AU Country	AU Citizenship
Mailing Address			
Balgrove City	Victoria State	3183 Zip	AU Country

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to say (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.

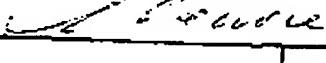
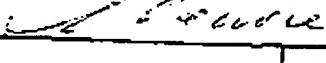
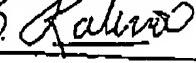
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21 APR 2006

BY: _____

PTO/SB/02A (09-07)

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DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet	
Page <u>1</u> of <u>1</u>			
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) Saul Pearce		Family Name or Surname PEARCE	
Inventor's Signature 		Date 21/4/06	
Carnegie Residence: City 38 Hollywood Grove	Victoria State	AU Country	AU Citizenship
Mailing Address			
Carnegie City	Victoria State	3163 Zip	AU Country
Name of Additional Joint Inventor, If any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) Lillian		Family Name or Surname PEARCE	
Inventor's Signature 		Date 21/4/06	
Edmonton Residence: City 50 Hiddle Street	Victoria State	AU Country	AU Citizenship
Mailing Address			
Edmonton City	Victoria State	3165 Zip	AU Country
Name of Additional Joint Inventor, If any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) Braham David		Family Name or Surname RABINOV	
Inventor's Signature 		Date 21/4/06	
Edmonton Residence: City Unit 3/14 Auburn Grove	Victoria State	AU Country	AU Citizenship
Mailing Address			
Edmonton City	Victoria State	3163 Zip	AU Country

This collection of information is required by 35 U.S.C. 113 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/11 (04-05)

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and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	
Filing Date	
First Named Inventor	THOMPSON, Michael P.
Title	Method of end Software for...
Art Unit	
Examiner Name	
Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

Practitioners associated with the Customer Number:

01209

OR

Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

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The address associated with Customer Number:

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Firm or Individual Name		
Address		
City	State	Zip
Country		
Telephone	Email	

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>M. Thompson</i>	Date	21/4/06
Name	Michael Philip Thompson	Telephone	0413 153 603
Title and Company		DIRECTOR, TECHNOLOGY - SECUREWRAP LLC	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.23. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO process) an application. Confidentiality is governed by 35 U.S.C. 122, and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/81 (04-05)

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Application Number	
Filing Date	
First Named Inventor	THOMPSON, Michael P.
Title	Method of and Software for...
Art Unit	
Examiner Name	
Attorney Docket Number	

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City	State
Country	Zip
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I am the:

Applicant/Inventor,

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Saul Pascal Midler</i>	Date	21/4/06
Name	Saul Pascal Midler	Telephone	0412 5577 28
Title and Company	CEO SECUREWAP PLC		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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PTO/SB/81 (04-05)

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U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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INDICATION FORM**

Application Number	
Filing Date	
First Named Inventor	THOMPSON, Michael P.
Title	Method of and Software for...
Art Unit	
Examiner Name	
Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.

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I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	DJL	Date	21/4/06
Name	Danny Jonathan Lesser	Telephone	
Title and Company	DIRECTOR SYSTEMS - SECURE-RAP PTC		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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Application Number	
Filing Date	
First Named Inventor	THOMPSON, Michael P.
Title	Method of and Software for...
Art Unit	
Examiner Name	
Attorney Docket Number	

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OR

Practitioner(s) named below:

Name	Registration Number

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The address associated with Customer Number:

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Firm or Individual Name

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Zip

City

Country

Telephone

Email

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Graham David Robinson

Date

04/24/06

Name

Graham David Robinson

Telephone

Title and Company

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.

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ATTENTION THOMAS AH EARN

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PTO/SB/81 (04-06)
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Application Number	
Filing Date	
First Named Inventor	THOMPSON, Michael P.
Title	Method and Software for...
Art Unit	
Examiner Name	
Attorney/Customer Number	

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I hereby appoint:

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Address:

City:

State:

Zip:

Country:

Telephone:

Email:

I declare:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(u) is enclosed. (Form PTO/SB/80)

SIGNATURE of Applicant or Assignee of Record

Signature	J. Pearce	Date	04/24/06
Name	Lillian Pearce	Telephone	
Title and Company			

NOTE: Signatures of all the inventors or assignees of record or the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.

Total of _____ forms are submitted.

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